

Distr.: General
5 August 2024
Arabic
Original: English



مجلس حقوق الإنسان

الدورة السابعة والخمسون

9 أيلول/سبتمبر - 9 تشرين الأول/أكتوبر 2024

البند 3 من جدول الأعمال

تعزيز وحماية جميع حقوق الإنسان المدنية، والسياسية والاقتصادية

والاجتماعية والثقافية، بما في ذلك الحق في التنمية

زيارة إلى بيرو

تقرير الخبيرة المستقلة المعنية بتمتع كبار السن بجميع حقوق الإنسان، كلوديا ماهر * * *

موجز

تقدم الخبيرة المستقلة المعنية بتمتع كبار السن بجميع حقوق الإنسان، كلوديا ماهر، في تقريرها، معلومات عن زيارتها إلى بيرو في الفترة من 11 إلى 22 آذار/مارس 2024.

* يعمم موجز هذا التقرير بجميع اللغات الرسمية. أما التقرير نفسه، المرفق بهذا الموجز، فيُعَمَّم باللغة التي قُدِّم بها وبالإسبانية فقط.

** أُثِّق على نشر هذا التقرير بعد تاريخ النشر المعتاد لظروف خارجة عن إرادة الجهة التي قدمته.



الرجاء إعادة الاستعمال

المرفق

تقرير الخبيرة المستقلة المعنية بتمتع كبار السن بجميع حقوق الإنسان، كلوديا ماهلر، عن زيارتها إلى بيرو

I. Introduction

1. The Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, conducted an official country visit to Peru from 11 to 22 March 2024, at the invitation of the Government. The purpose of the visit was to identify good practices and gaps in the implementation of existing laws and policies relating to the promotion and protection of the human rights of older persons in the country.

2. During her visit, the Independent Expert held meetings with representatives of the Ministry of Foreign Affairs, including the Deputy Minister for Foreign Affairs, the Ministry for Women and Vulnerable Groups, including the Deputy Minister for Vulnerable Groups, the Ministry of Justice and Human Rights, including the Deputy Minister of Human Rights and Access to Justice, the Ministry of Health, the Ministry of Development and Social Inclusion, the Ministry of the Environment, the Ministry of Agrarian Development and Irrigation, the Ministry of Labour and Job Creation, the Ministry of the Interior, the Ministry of Defence, the Ministry of Culture, the Women and the Family Committee of the Congress of Peru, regional and local authorities in Ayacucho, Lambayeque and Loreto, judicial authorities and representatives of the Ombudsperson's Office and civil society. She also met more than 300 older persons.

3. The Independent Expert expresses her gratitude to the Government for its cooperation prior to and during the visit, particularly the Ministry of Foreign Affairs, the Ministry of Justice and Human Rights and the Ministry for Women and Vulnerable Groups. She also expresses her appreciation to the staff of the United Nations Resident Coordinator Office and the technical mission to Peru of the Office of the United Nations High Commissioner for Human Rights (OHCHR) for their valuable guidance and insights. She thanks the staff of OHCHR in Geneva for their substantive support in organizing the visit, and the United Nations Development Programme staff in Peru for facilitating the logistical aspects of the mission. She is grateful to civil society and other interlocutors for their support.

II. Context

4. Peru is undergoing a demographic transition, with an increasingly ageing population. In 1950, an estimated 5.7 per cent of the population were 60 years old or above. This has more than doubled to around 5.3 million Peruvians or 13.9 per cent of the population.¹ In 2050, it is estimated that every fourth person in Peru will be an older person.² Life expectancy is steadily increasing and currently stands at 77 years.

5. Peru faces intersecting challenges, against a backdrop of historical inequalities and discrimination. Since 2016, Peru has been through three different legislatures and six different presidents. There have been recurrent episodes of social and political unrest since the former President, Pedro Castillo Terrones, was impeached by the Congress in December 2022. Peru is also one of the countries most affected by climate change and is susceptible to floods, droughts, heatwaves and landslides. Peru hosts over 1.6 million forcibly displaced persons, predominantly from the Bolivarian Republic of Venezuela.

¹ Information provided by the Ministry for Women and Vulnerable Groups during the visit, based on data from the National Household Survey 2022.

² Information provided by the National Institute for Statistics and Information based on report available at https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1665/index.html (in Spanish).

6. Peru is an upper middle-income country. The majority of the economy is informal and around one third of households fall below the poverty line, a higher poverty rate than prior to the coronavirus disease (COVID-19) pandemic.³

III. Legal, policy and institutional frameworks

7. Peru has ratified the majority of the core human rights instruments, including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol, the International Covenant on Civil and Political Rights and its first Optional Protocol, the International Convention for the Protection of All Persons from Enforced Disappearance, the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol, the International Convention on the Elimination of All Forms of Racial Discrimination, the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and the Convention on the Rights of Persons with Disabilities and its Optional Protocol. Peru has ratified most of the fundamental instruments of the International Labour Organization (ILO), except the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

8. At the regional level, Peru has ratified the Inter-American Convention on Protecting the Human Rights of Older Persons, which prohibits age discrimination and guarantees older persons freedom from violence and the rights to social security, health and housing.

9. Article 2.2 of the Peruvian Constitution recognizes the right to equality before the law, establishing that no person shall be discriminated against on the basis of origin, race, sex, language, religion, opinion, economic situation or any other distinguishing feature. Article 4 provides that the community and the State shall provide special protection for certain groups, including older persons who have been abandoned.

10. The National Human Rights Plan that was in force from 2018 to 2021 identifies older persons as a priority group and outlines measures to promote their rights and increase their access to basic services and economic security. A successor to that policy, the national multisectoral policy on human rights up to 2040, aims to address inequality in the exercise of human rights and structural discrimination, and is currently being developed.

11. The Law on Older Persons (No. 30490) came into force in 2016 and defines older persons as persons aged 60 or above. It aims to establish a framework to guarantee the rights of older persons. It enshrines specific human and basic rights, including prohibition of age discrimination, the right to independent living and access to justice and equal opportunities, and establishes a framework for care and services.

12. The National Multisectoral Policy on Older Persons up to 2030 was adopted in 2021. It acknowledges structural age discrimination and focuses on older persons' rights to health, care, social security, participation and education. It also outlines the specific roles of various Ministries in addressing the needs of older persons. In principle, the Ministry for Women and Vulnerable Groups is responsible for overall coordination and implementation of this policy. However, the Independent Expert was informed that in practice, effective coordination is hampered by the dispersal and siloing of responsibilities across different government bodies, leading to fragmentation and duplication of effort. Implementation of the Policy varies significantly in different areas due to divergent priorities and resources at the regional and local levels.

13. The Ombudsperson's Office is an autonomous entity that aims to defend fundamental rights and oversee State administration and public services. As the national human rights institution, it can initiate and intervene in various constitutional processes to uphold human rights and constitutional supremacy. The Office considers older persons to be a priority group.

³ See <https://www.worldbank.org/en/country/peru/overview>.

IV. Main findings and challenges

A. Ageism and age discrimination

14. While the Law on Older Persons and the National Multisectoral Policy on Older Persons up to 2030 aim to combat age discrimination, ageism persists at the structural level and in the daily lives of many older persons. Within families, age-related stereotypes are often gendered. Older men may not be seen as contributing members of the household once they are past the age of retirement, which sometimes results in their abandonment. Older women face expectations to provide unpaid domestic labour for their families, including cooking, cleaning and caring for grandchildren.

15. While the Independent Expert is encouraged to learn that the National Health Authority can intervene to ensure the quality, timeliness, availability and acceptability of health services, and did so in 53,387 cases involving older persons between January 2020 and February 2024,⁴ older persons nonetheless report age discrimination when accessing basic services. They are not systematically prioritized when accessing services and experience long waiting times, which may be uncomfortable for those with health conditions or disabilities. During busy periods, older persons, who may move more slowly or require more time to complete paperwork than younger persons, are sometimes told to return later to enable providers to see other clients. During the COVID-19 pandemic, when essential medications and health supplies were limited, many older persons reported being explicitly deprioritized by health-care providers in favour of younger persons.

16. Older persons face constrained access to information. Digital literacy is a challenge, as an increasing amount of essential information is provided online. Literacy in general is also a challenge – 15 per cent of the older population is illiterate,⁵ and the rate is reportedly higher among certain groups, including Indigenous communities, peasants and rural populations. Some 27.5 per cent of older women are illiterate in comparison to only 7.5 per cent of older men.⁶

17. The Independent Expert commends Peru for taking a human rights-based approach to addressing older persons' challenges that recognizes their agency, rather than more disempowering social welfare approaches. However, paternalistic attitudes towards older persons persist in practice. Older persons reported that service providers do not always respect their capacity. Some impose a requirement for older persons to be accompanied by someone younger and treat the younger person as responsible for major decisions. Older persons' health complaints and requests may be dismissed without due consideration. Older persons must have their capacity assessed by a notary to exercise certain legal rights, and the basis for this requirement is unclear. The Independent Expert was encouraged to learn, however, that notaries can no longer require older persons to produce medical or mental health certificates to access their services and must instead assess capacity through individual interviews.⁷

18. The participation of older persons in decision-making processes could be strengthened. A good practice is the system of Regional Councils for Older Persons, which include public, private and civil society representatives of older persons. The Regional Councils are mandated to advise local and regional authorities on actions in favour of older persons and to raise awareness of ageism and older persons' rights.⁸ However, voting in national elections is compulsory only up to the age of 70, which may lead to older voters being underrepresented.

⁴ Information provided by the Government during its initial review of the present report.

⁵ See <https://cdn.www.gob.pe/uploads/document/file/6109219/5401697-situacion-de-la-poblacion-adulta-mayor-octubre-noviembre-diciembre-2023.pdf?v=1711466340> (in Spanish).

⁶ Information provided by the Government during its initial review of the present report.

⁷ See <https://cdn.www.gob.pe/uploads/document/file/5210081/INFORME%20T%C3%89CNICO%20VINCULANTE-000004-2023-DPI.pdf> (in Spanish).

⁸ See <https://cdn.www.gob.pe/uploads/document/file/1367323/ANEXO%20-%20GUIA%20COREPAM-%20Consejos%20Regionales.pdf.pdf> (in Spanish).

19. Older persons in intersecting situations of vulnerability experience additional discrimination. This is particularly true for older women, whose agency is frequently denied, older Indigenous people, who face language barriers and racism and often reside in remote areas with fewer services, older migrants and refugees, who face xenophobia and challenges accessing documentation and public services, and older LGBTQ+ persons, who may be less able to rely on family support, lack equal inheritance rights and joint decision-making powers in health care and financial settings, as same-sex marriage is not recognized, and may face discrimination based on sexual orientation and gender identity.

20. Ageism is also evident in the political sphere. A special procedure mandate holder has raised the case of the National Justice Board, an independent judicial council with the power to appoint, evaluate and dismiss judges and prosecutors at all levels and the heads of the National Identification and Civil Status Registry and the National Election Procedures Office.⁹ There have been several attempts by the Congress of Peru to eliminate that body or change its membership, which raises broader concerns about judicial independence.¹⁰ The Independent Expert is particularly concerned about attempts to remove one member of the Board on the basis of her age.

21. Article 156 of the Constitution imposes an age range of between 45 and 75 years old for membership of the Board. However, it is not legally clear whether this applies only at the time of application or throughout the member's tenure. The Congress has applied the latter interpretation to disqualify one member of the Board from remaining in office after turning 75 and attempted to disqualify the remaining members of the Board for allowing the older member to remain in office. During the Independent Expert's visit, the older member of the Board and one other member were removed from office on these grounds, although that decision was later reversed by the Lima High Court of Justice. The Congress has recently introduced draft legislation to eliminate the Board entirely and has requested the Constitutional Court to recognize its sole competence over the composition of the Board. The Independent Expert is concerned by the instrumentalization of ageism to achieve aims that appear to be political.

B. Violence, abuse and neglect

22. The National Multisectoral Policy on Older Persons up to 2030 and the Law on Older Persons recognize the need to combat violence against older persons, including physical, sexual, psychological, property-related and economic violence and abandonment of older persons by their families. The Independent Expert was informed that violence against older persons is widespread in Peru, although the true extent thereof is difficult to determine given stigma and the hidden nature of the phenomenon. Although there is a lack of systematic data collection on the issue, violence against and abuse of older persons are estimated to be on the rise, based on the number of reported cases.¹¹ A 2017 study by the Ministry for Women and Vulnerable Groups estimated that 30 per cent of older persons have experienced at least one instance of sexual or domestic violence.¹²

23. In 2023, around 10,000 cases of violence against and abuse of older persons were recorded by the national network of Women's Emergency Centres, which support victims of domestic, sexual and community violence of all ages and genders. Psychological violence accounted for around 61 per cent of cases, followed by physical violence, which accounted for 36 per cent of reported cases. Sexual violence and economic violence each accounted for around 2 per cent of cases. In around 75 per cent of cases, the perpetrator of violence was a

⁹ See <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=28415> (in Spanish).

¹⁰ See <https://www.ohchr.org/en/press-releases/2023/11/peru-un-expert-concerned-about-proceedings-peruvian-congress-seeking-removal>.

¹¹ See <https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006> (in Spanish), p. 58.

¹² See <https://repositorio.aurora.gob.pe/bitstream/handle/20.500.12702/126/EvidenciaViolencia.pdf?sequence=1&isAllowed=y> (in Spanish), p. 7.

family member. In four out of five cases, the older person making the report had already experienced some form of violence.¹³

24. The Independent Expert primarily heard testimonies of violence from older women, who are three times more likely to be affected by violence than older men, and account for three quarters of reported cases. While older women are more likely to experience psychological or sexual violence, men are more likely to experience physical or economic violence.¹⁴ Older women may struggle to access justice and escape abuse, given their lower level of literacy and access to economic resources.

25. Older LGBTQ+ persons are subjected to heightened threats of violence and may be at greater risk of being abandoned by their families due to discrimination. Migrants and refugees may also be targeted by those with xenophobic sentiments.

26. Many stakeholders highlighted neglect and abandonment of older persons as a major concern. Around 38 per cent of older persons live alone, although there are significant differences between urban areas, where 29 per cent of older persons live alone, and rural areas, where 67.4 per cent of older persons live alone, as younger generations often migrate to urban centres in search of better opportunities.¹⁵ The majority of older persons in street situations are older single men with a limited level of education, and most have some form of chronic illness or cognitive impairment.¹⁶

27. There are reportedly insufficient shelters for older persons who have been abandoned and those in vulnerable situations, and most shelters are not accessible. The problem is compounded for older persons in rural areas, including peasants and Indigenous people, as shelters and essential health and care services to enable autonomous living are concentrated in urban centres. LGBTQ+ older persons may be obligated to use shelters that do not reflect their gender identity and they report that shelters lack measures to ensure non-discrimination.

28. Older persons also reportedly experience violence, neglect and abandonment in institutional settings, including public and privately managed care centres. The proliferation of unregulated centres and the limited capacity of inspectors to monitor even regulated centres contributes to this problem. The Independent Expert heard reports of physical violence and the forced administration of medication being used as disciplinary measures, and reports of older persons falling victim to theft and other forms of abuse.

29. The Independent Expert is encouraged that older victims of violence, abuse and neglect can access protection and justice through multiple channels, including through care centres, social programmes and intervention by the Ministry for Women and Vulnerable Groups, the judiciary and the Ombudsperson.¹⁷ She welcomes the development of guidance on the specific protection of older persons under the framework of Law No. 30364 (Law to prevent, punish and eradicate violence against women and household members) and efforts to train police officers across Peru on the rights of persons in vulnerable situations, including older persons. However, older persons and their advocates reported that the process of obtaining protection and justice can be confusing for some, given the many different channels available for reporting abuse and requesting protection. The Independent Expert also heard that the different bodies involved do not always coordinate with each other effectively, leading to duplication or gaps in their efforts to protect and assist older persons.

¹³ See <https://portalestadistico.aurora.gob.pe/casos-atendidos-por-los-cem-nacional-ano-2023/> (in Spanish).

¹⁴ Ibid.

¹⁵ See https://www.inci.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1577/Libro01.pdf (in Spanish).

¹⁶ See <https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006>, p. 68.

¹⁷ See <https://www.mimp.gob.pe/omep/pdf/resumen1/Resumen-Nacional.pdf> (in Spanish).

C. Social and economic security

1. Right to social security

30. The National Multisectoral Policy on Older Persons up to 2030 aims to guarantee access to pensions for older persons. Some 46.8 per cent of older adults have access to some form of social protection.¹⁸ However, there are significant inequalities. Peru has one of the highest levels of informality in Latin America; about 80 per cent of workers are employed informally, giving them limited access to social security.¹⁹ There are marked gender differences, reflecting women's underrepresentation in the formal economy and the gender pay gap; 40.2 per cent of older men receive a pension in comparison with 18.9 per cent of older women.²⁰ Older LGBTQ+ persons are also reportedly underrepresented in the formal economy and thus face constrained access to pensions.

31. Only 31.4 per cent of older persons are affiliated with a contributory pension system, as enrolment in pension systems is possible only for those with formal employment.²¹ Employees have a choice between the publicly managed National Pension System or the privately managed Private Pension System. Both systems are contributory; however, the National Pension System operates on a pay-as-you-go basis, meaning that the active labour force's contributions fund the pensions of current retirees, while the Private Pension System is based on individual accounts, where each worker funds their own pension through contributions made during their working years. Some 16.4 per cent of older persons are enrolled in the National Pension System, while 13 per cent are enrolled in the Private Pension System.²²

32. Many older persons reported facing challenges in accessing their pensions. Some older persons do not receive full pensions, despite having paid into the system. To receive a full pension under the National Pension System, workers must make regular contributions over a 20-year period. Workers who make contributions for more than 10 but fewer than 20 years are eligible for reduced pensions of between 250 and 350 soles per month. Those who contribute for fewer than 10 years do not receive any pension.

33. Older persons reported receiving lower pensions than expected or delayed payments without a clear explanation being given. There is a long waiting period after enrolment and before benefits start, during which older persons cannot work. Employers may also fail to make their contributions, and the records of individual contributions are sometimes missing or hard to locate.

34. Pension amounts are often insufficient. While the minimum wage is 1,025 soles per month, as of June 2024, under the National Pension System, the maximum amount pensioners can receive is 893 soles per month and the vast majority receive less than 750 soles per month. National Pension System pensioners receive a fixed payout which is not indexed to inflation. While Private Pension System pensioners receive, on average, approximately 1,100 soles per month, there is no minimum or maximum amount so the majority of those pensioners may still receive less than the minimum wage.

35. Both the National Pension System and the Private Pension System face sustainability challenges. The pay-as-you-go nature of the National Pension System means that active contributors should equal or outnumber those receiving pensions in order to maintain the integrity of the system. However, in Peru, the dependency ratio is increasing, with the number of persons eligible for retirement pensions growing faster than the working-age population. Consequently, the National Pension System has a systematic deficit and requires continuous subsidization by the State, accounting for around one fifth of its total budget.

¹⁸ Information provided by the Office of the Superintendent of Banking, Insurance and Private Pension Fund Administrators during the visit, based on public data.

¹⁹ See https://www.oecd-ilibrary.org/economics/oecd-economic-surveys-peru-2023_081e0906-en, p. 12.

²⁰ Information provided by the National Institute for Statistics and Information during the visit, based on the Permanent National Employment Survey (2022).

²¹ Ibid.

²² Ibid.

36. Regarding the Private Pension System, the rate for mandatory contributions by workers has been reduced, early retirement programmes have been introduced, and recent measures have permitted participants to make extraordinary withdrawals from their accounts. Private Pension System participants can withdraw 95.5 per cent of the account upon reaching the age of retirement.²³ Taken together, these changes have led to massive decapitalization of the Private Pension System, calling into question its future.

2. Right to social protection

37. The Independent Expert congratulates Peru on the establishment of Pension 65, a non-contributory social protection system managed by the Ministry of Development and Social Inclusion. It provides older persons over 65 years old in situations of extreme poverty with cash transfers of 250 soles every two months, as well as complementary benefits including vaccination and health campaigns, identification and referral of cases of violence, and employment, literacy and cultural programmes. Pension 65 currently benefits 801,389 older persons, including 144,083 in situations of poverty and 657,306 in extreme poverty. Some 55.18 per cent of the beneficiaries are women and around 200,000 are Indigenous people. The programme has already reportedly led to measurable impacts in terms of reducing mortality and improving nutrition and health outcomes among beneficiaries.²⁴

38. However, not all older persons in situations of poverty and extreme poverty receive Pension 65 benefits. The Ministry of Development and Social Inclusion reported that 94 per cent of eligible households receive them. However, the gap in coverage may be higher, as the Ministry for Women and Vulnerable Groups reported that there are 1,110,193 older persons in situations of poverty or extreme poverty based on the latest household survey,²⁵ while only 801,398 older persons receive Pension 65, meaning that around 1 in 4 eligible older persons may not be receiving the benefit. Eligibility is assessed at the municipal level, but there is sometimes a shortage of relevant personnel which can lead to delays in enrolment. Working poor and extremely poor households are sometimes excluded, as access to other income streams, even if minimal, may render them ineligible.

39. Pension 65 payments amount to roughly 10 per cent of the minimum monthly wage of 1,025 soles and are therefore insufficient to enable older persons to meet their basic needs. Transfers are not adjusted to reflect divergent local costs of living or indexed to inflation. While the transfer was temporarily increased to 300 soles during the COVID-19 pandemic, this was reversed at the end of 2023 and many older persons reported not being adequately informed of this decision.

40. Some 464,491 beneficiaries must collect their benefits in person from a branch of the Banco de la Nación, which poses a number of challenges. Many beneficiaries receive payment on the same day and may consequently have to wait in long queues to collect their money. Travelling to collect their pension may be costly and lengthy. Those in isolated communities, including older Indigenous people and older peasants, may spend up to 10 per cent of the benefit on transport alone. Others fall victim to robbery or transport accidents on the way home. Others are unable to travel because of health issues or a disability.

41. Some 173,904 beneficiaries receive a debit card to withdraw their pension at an automated teller machine.²⁶ This may benefit digitally literate older persons who live near such a machine, as it saves them the longer trip to the bank and from queuing. However, illiterate older persons, a population among whom women, Indigenous people and peasants are overrepresented, and persons with certain disabilities might face difficulties. Those in rural areas may still be obliged to make long trips. Some ask others to withdraw their pension on their behalf, but this creates a risk of financial abuse.

42. Good practices to expand accessibility include the use of Itinerant Social Action Platforms, travelling boats that provide municipal services, including payment of Pension 65,

²³ See <https://cdn.www.gob.pe/uploads/document/file/1934191/PoI%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006>, p. 88.

²⁴ Information provided by the Ministry of Development and Social Inclusion during the visit.

²⁵ National Household Survey 2022.

²⁶ Ibid.

to isolated communities along the numerous rivers of the Amazon river basin. Currently, some 4,127 beneficiaries receive Pension 65 in this way. Inland, this is complemented by the use of “payment carts”, which deliver pensions to 157,070 Pension 65 users in isolated communities on land. Some 1,297 users benefit from payment at home.

3. Right to work

43. Given the shortcomings of the pension system, many older persons must work well past retirement age. Some 51.6 per cent of older persons are economically active.²⁷ Most work independently, largely in subsistence agriculture, as well as in services or petty trade. On average, older persons earn around 1,300 soles per month. However, reflecting the overall high level of informality, 83 per cent of older workers are informally employed, with average earnings of only 770 soles per month. Older formal workers earn an average of nearly 2,900 soles per month.²⁸

44. Only 42 per cent of older women are economically active, in comparison with 61.5 per cent of older men, and 81.3 per cent of older women work informally in comparison with 75.8 per cent of older men. Older women earn around 1,074 soles per month compared to around 1,500 soles for older men.²⁹ As a result, many older women have no viable alternative but to engage in unpaid care work within their families.

45. Older persons in urban areas earn roughly three times as much as those in rural areas, which may particularly disadvantage Indigenous people and peasants.³⁰ Older migrants and refugees also face discrimination, despite having the right to work; reportedly, only around one in five older migrants is economically active.³¹ Older LGBTQ+ persons report discrimination in accessing formal employment and are overrepresented in the informal economy.

46. The Independent Expert welcomes programmes to combat discriminatory perceptions of older workers. The Saberes Productivos programme emphasizes the value of the traditional skills and knowledge of older persons. Nonetheless, older workers continue to face ageism. Compared to adults under the age of 60, older persons are more likely to be informally employed and earn lower wages, regardless of whether they are formally or informally employed. Private sector employees can legally be fired and public sector employees must leave their post once they reach the mandatory retirement age, currently 70 years old, although there is draft legislation aiming to raise this to 75 years old.³² Many older persons report workplace discrimination, including being passed up for promotions and certain roles. Older entrepreneurs report challenges in accessing business support services.

47. While the Government has included older persons in some programmes for employment and entrepreneurship development, the programmes are not fit for purpose, as they primarily target young people or focus on unskilled manual labour, which provides limited earning potential and many older persons may not be able to perform manual labour. There is no dedicated programme in place to expand older persons' economic inclusion.

4. Adequate standard of living

48. Some 48.3 per cent of older persons (47.6 per cent of older women) live in dwellings with inadequate wall, floor or roof materials. In relation to tenure, 35.6 per cent of older persons (34.9 per cent of older women) do not have any registered document proving

²⁷ Information provided by the National Institute for Statistics and Information during the visit, based on the Permanent National Employment Survey (2022).

²⁸ Information provided by the Ministry of Labour and Job Creation during the visit, based on the National Household Survey 2022.

²⁹ See <https://cdn.www.gob.pe/uploads/document/file/5617893/4981138-situacion-de-la-poblacion-adulta-mayor-julio-agosto-setiembre-2023.pdf?v=1703863359> (in Spanish), pp. 13, 17 and 19.

³⁰ *Ibid.*, p. 19.

³¹ Information provided by the National Migration Authority during the visit.

³² See <https://lpderecho.pe/alcances-proyecto-extiende-limite-edad-cese-trabajador/> (in Spanish).

ownership of their home. Older women have particularly insecure housing tenure, and their family members sometimes deceive them in order to take over their property.³³

49. The Independent Expert visited Indigenous communities in the provinces of Ayacucho and Loreto and learned that older persons in these areas face additional challenges in terms of living standards. They lack continual access to electricity, clean water and sanitation services, health care and essential medications, and affordable transport, and many of them live in poorly built housing, leaving them exposed to the elements.

50. Older LGBTQ+ persons face additional barriers to accessing adequate housing. They reportedly encounter discrimination when seeking loans from financial institutions and in the housing market, especially if seeking loans or attempting to rent or purchase homes within the context of queer relationships.

D. Care and support

51. Families have traditionally been the main unit responsible for the care of older persons. This is reinforced by article 7 of the Law on Older Persons, which outlines the obligations of families towards their older relatives, and article 474 of the Civil Code, pursuant to which adult children must ensure the food security of their older parents. However, an increasing number of children are unwilling or unable to balance and afford care for their older parents with caring for themselves and their nuclear families. This is exacerbated by economic pressures and urbanization, as many younger persons move to smaller homes in cities in search of work, leaving older persons behind in their areas of origin.³⁴

52. While the Law on Older Persons recognizes the right of older persons to autonomy and to live independently within their communities, the care and support framework defined under the law is premised on institutional care. The law defines several types of care centre. One type is the integrated care centres for older persons, which provide information, workshops, counselling, legal assistance, support for income-generating activities and recreational activities, and are funded by local governments. Another type is the general care centres for older persons, which may be public or private. Around 90 per cent of the general centres are full-time residential facilities, while the remainder provide only day or night care or emergency services.³⁵

53. There are 378 general care centres for older persons nationwide, while roughly 75 per cent of the country's 1,890 municipalities have an integrated care centre for older persons.³⁶ There is a mismatch between demand and location regarding both the general and the integrated care centres for older persons. The general care centres are heavily concentrated in urban areas, with 85 per cent in Lima, Callao and Arequipa, meaning that older persons in smaller cities or rural areas have less access to such centres. The integrated care centres for older persons are more evenly distributed throughout the country, as each municipality has its own; however, this means that those in more densely populated areas, such as certain districts of Lima, are oversubscribed.³⁷

54. Ninety per cent of general care centres for older persons are privately run and the remainder are public.³⁸ Pursuant to article 14 of the Law on Older Persons, all the general care centres for older persons, whether public or private, should obtain accreditation from the Ministry for Women and Vulnerable Groups prior to commencing operations, and they are

³³ See https://cdn.www.gob.pe/uploads/document/file/1183239/IA-N_-006-2019-DPAAE-ENVEJECER-EN-EL-PER%C3%A20200802-1197146-sgdcxn.pdf?v=1596402923 (in Spanish), pp. 18 and 19.

³⁴ See <https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006>, p. 65.

³⁵ See <https://www.gob.pe/39908-observatorio-nacional-sobre-envejecimiento-y-vejez-centros-de-atencion-para-personas-adultas-mayores-ceapam>.

³⁶ Information provided by the Ministry for Women and Vulnerable Groups.

³⁷ See <https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006>, pp. 68 and 95.

³⁸ Information provided by the Ministry for Women and Vulnerable Groups during the visit.

subject to regulation by the Ministry, pursuant to article 15. However, only 173 facilities are accredited, and the Independent Expert was informed that in practice, there is limited monitoring of the conditions and quality of care in care centres. Although the Directorate for Older Persons under the Ministry for Women and Vulnerable Groups can carry out inspections of general care centres upon receipt of a complaint, and there is an alert system for residential care centres, these complaint mechanisms are reportedly ineffective.³⁹

55. The Independent Expert was concerned to hear reports of overcrowding, insufficient personnel specialized in caring for older persons and trained to administer medical treatment, and inadequate infrastructure for older persons, particularly those with disabilities. Reportedly, the legal capacity and autonomy of older persons entering care centres is not always respected, as some are institutionalized against their will by their families or forced to take unnecessary medication by care centre personnel without their informed consent.

56. The Independent Expert observed many of these issues during her visit to the Sagrados Corazones residential care centre in Lima. While she was pleased to see ample space for recreational and income-generating activities, she was concerned about overcrowding and a lack of privacy. Up to 12 persons share a room with two toilets, and the Independent Expert witnessed one resident's diaper being changed in front of others without privacy screens having been erected. There is only one geriatrician for more than 100 residents, and the facility is not fully accessible. Residents lack freedom of movement and must be accompanied when exiting the centre.

57. The Independent Expert visited an integrated care centre for older persons in the municipality of Callao and was impressed by the quality of the facilities and the dedication of its personnel. However, she is concerned that funding arrangements for integrated care centres for older persons may reproduce existing socioeconomic inequalities. Each centre is funded from the municipal budget, so the centres in wealthier municipalities such as Callao are generally better-equipped. Although these centres are more closely regulated, many still lack qualified personnel, adequate infrastructure, space and the participation of older persons in decision-making.

58. The Independent Expert welcomes the establishment, after her visit, of the National Gratitude Programme, which aims to address some of the challenges relating to care and support for older persons. The Programme includes the training and registration of more qualified caregivers and family members, improvement of the quality of care in both the integrated and the general care centres for older persons, increased oversight of care centres and provision of specialized care and temporary protection measures for older persons at risk of poverty, dependency and violence.⁴⁰

59. The Independent Expert believes that supporting older persons to live independently and be included in their communities requires greater investment in the community-based care and support services that would enable them to remain in their homes for as long as they wish to do so. In line with the provisions of the Convention on the Rights of Persons with Disabilities, institutions should be only one option among many from which older persons are able to choose freely. The Independent Expert was not made aware of any programmes that provide home-based care and support services to older persons, and the National Multisectoral Policy on Older Persons up to 2030 indicates that Peru has no public services that provide home-based care for older persons with specific needs.⁴¹

60. LGBTQ+ older persons are often unwilling and unable to depend on family care due to the rejection and stigmatization many face by their families. Those who return to their families of origin, in the absence of alternative care systems, are often forced to deny their sexual orientation and gender identity while others face discrimination from service providers. LGBTQ+ persons may be unable to make care decisions for their same-sex partners, given the absence of marriage equality. Older persons with disabilities also face additional barriers

³⁹ See <https://www.defensoria.gob.pe/wp-content/uploads/2023/09/Informe-Especial-N%C2%B0-12-2023-DP-DMNPT-Versio%CC%81n-Final-14-09-2023.pdf> (in Spanish), p. 11.

⁴⁰ See <https://busquedas.elperuano.pe/dispositivo/NL/2285204-3> (in Spanish).

⁴¹ See <https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006>, p. 67.

to care, given the inaccessible nature of some centres. Peasants and Indigenous people, who constitute a greater share of the population in rural areas, may be negatively affected by the lack of services in these areas.

E. Health

61. The Independent Expert congratulates Peru for ensuring that 92.3 per cent of older person have some form of health insurance. Some 34.9 per cent rely on the EsSalud social health insurance system provided to those in formal employment, while 52.1 per cent depend on the Comprehensive Health Insurance system, which is a non-contributory system for those that cannot afford health care. Nearly four out of every five older persons have a chronic health condition, while around 45 per cent have a disability, with older women slightly more affected on both counts.⁴²

62. While the Independent Expert welcomes the regulations from the Ministry of Health that oblige providers to pursue comprehensive care plans based on a life-course approach, rights and interculturality,⁴³ older persons and their advocates report challenges in realizing the right to health and obtaining health care. Although older persons are prioritized for medical care under article 19 of the Law on Older Persons, many report facing long waiting times for health care, even for urgent health conditions. This is particularly true in rural areas, partly as there is no incentive system in place to retain qualified medical personnel in hardship posts, although some rural communities do benefit from mobile health care through Itinerant Social Action Platforms.

63. Long delays for appointments may in part be attributable to an overall lack of specialized health professionals and facilities. Reportedly, there are only a few hundred geriatricians in Peru, predominantly clustered in Lima and regional capitals. Similarly, there are very few geriatric hospitals and geriatric care units, particularly outside of major cities, and few training programmes in gerontology and related specialties in universities and medical schools. Older persons also struggle to access adequate mental health care, due to stigma as well as a lack of accessible care providers, particularly in rural areas.

64. Dementia is on the rise in Peru and projections suggest that the number of persons affected by dementia will rise from 196,699 in 2019 to 744,847 by 2050.⁴⁴ Peru has yet to develop a national action plan to address dementia, despite committing to do so in 2017, under the rubric of the World Health Organization global action plan on the public health response to dementia 2017–2025.

65. Affordability and access to essential medicines and medical supplies remain a concern for many older persons. For the one out of every two older persons ensured only under the Comprehensive Health Insurance system, services like dental replacements, wheelchair and crutch purchases, hearing aids, spectacle frames and other basic assistive devices are not included. Older persons reported high out-of-pocket costs for essential medications, and some opt to take over-the-counter painkillers instead or resort to traditional medicine.

66. Older persons with disabilities report additional barriers with regard to accessing treatment, and one third report difficulties in entering or moving around health-care facilities.⁴⁵ While 17 per cent of older Venezuelan migrants have a health problem that requires regular treatment,⁴⁶ they face challenges in obtaining identification documents and health insurance, including long delays for the requisite paperwork and limited recognition of their documentation. The lack of adequate health-care facilities and providers in rural areas particularly affects Indigenous people and peasants.

⁴² See <https://m.inei.gob.pe/media/MenuRecursivo/boletines/boletin-adulto-mayor-oct-nov-dic23.pdf> (in Spanish).

⁴³ See <https://bvs.minsa.gob.pe/local/fi-admin/RM-789-2023-MINSA-MOD-RM-948-2023.pdf> (in Spanish).

⁴⁴ See <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900249-8>.

⁴⁵ See <https://cdn.www.gob.pe/uploads/document/file/1934191/Pol%C3%ADtica-Nacional-Multisectorial-para-las-Personas-Adultas-Mayores-al-2030.pdf?v=1623110006>, pp. 66, 67 and 78.

⁴⁶ Information provided by the National Migration Authority during the visit.

67. Older trans and gender diverse persons report being publicly misgendered by health staff, which violates their privacy and creates protection risks, and along with other LGBTQ+ persons, they report facing presumptions that any health conditions they raise are related to HIV/AIDS. The lack of marriage equality means that older persons cannot make medical decisions for their same-sex partners. While trans women have the right to access hormone therapy, this right applies only between the ages of 18 and 30, meaning that older trans women do not have the same rights, and there is no corollary right for trans men.

F. Deprivation of liberty

68. As of January 2024, there were 5,958 older persons in prison across Peru, representing around 6 per cent of the overall prison population of 94,911 persons.⁴⁷ The Independent Expert visited Lurigancho prison in Lima, which houses around 10 per cent of the national prison population, including 550 older persons.⁴⁸ She was informed that the facility was occupied at three times its intended capacity, which is reportedly a common situation in other prisons.⁴⁹

69. During her visit, the Independent Expert was pleased to see that older persons live together in dedicated rooms. However, their living conditions are inadequate, with 40 people in a room designed for 12 and furnished with bunk beds, which are difficult to reach for older persons with limited mobility or disabilities. In some instances, older persons are obliged to sleep on the floor. All 12 detainees share one small bathroom with one toilet. Older persons reportedly lack sufficient water for washing their laundry, which they must do in the shared bathroom, which is challenging in terms of the mobility required. During meals in a common courtyard, there is insufficient space to sit down, and older persons must crowd together, standing in a small, shaded area to remain safe from the elements.

70. The Independent Expert was encouraged to learn that the entire prison population has access to some form of health care, and to hear of efforts to expand access to care through telemedicine. Nonetheless, she was informed that medical care in prisons in general is inadequate. There are insufficient medical personnel specialized in geriatric care. Although there are pilot mental health screening and treatment programmes in some facilities, the Independent Expert was informed that only 49 older persons are currently receiving treatment for mental health care across the country. Older persons with cognitive disabilities or dementia who are not considered competent to stand trial are nonetheless imprisoned due to a lack of residential mental health-care facilities. Special medication and meals are not provided and must be bought outside the prison at great expense. Specialized and emergency medical care also require the prisoner to be transported to an external medical office. Older persons with health issues serving long sentences are not eligible for early release, nor is there any system for compassionate release apart from occasional Presidential pardons. Nevertheless, the Independent Expert wishes to emphasize that compassionate release on such grounds would not be appropriate for certain categories of serious offences, including grave human rights violations.

71. The Independent Expert was pleased to see that older persons can participate in physical exercise and leisure activities such as sports, games and music, and to learn that 1,487 older persons participate in employment programmes. However, she was concerned to hear that many suffer from financial, psychological, verbal and physical abuse perpetrated by younger inmates, which is not adequately addressed by internal investigations. She also noted that workers in prison earn less than the minimum wage after deductions for civil penalties and cost recovery for employment programmes and that the crowded and noisy working conditions are not suitable for all older persons. It is not clear how inmates collect and access their wages. While some rely on their family members to collect and deposit their wages, this may expose them to financial abuse and it infringes upon their autonomy. Those without regular visitors may not have a safe and secure way to store and access their earnings.

⁴⁷ See <https://siep.inpe.gob.pe/form/reporte> (“Población penal según rango de edad”, in Spanish).

⁴⁸ Information provided by representatives of Lurigancho prison.

⁴⁹ See <https://www.prisonstudies.org/country/peru>.

72. Older LGBTQ+ prisoners experience violence and discrimination. Older trans persons do not receive access to gender-affirming care in prisons. Members of the trans community are assigned to single-sex prisons on the basis of their assigned sex at birth, rather than their gender identity. In principle, older LGBTQ+ prisoners should be placed in dedicated wards, but this is not systematically the case. During the visit, the Independent Expert observed older trans women residing in the same building as men, most of whom had been charged with crimes relating to sexual indecency and assault, which raises significant protection risks.

G. Climate change and the right to a healthy environment

73. Peru is one of the most vulnerable countries in the world to the impacts of climate change and related phenomena.⁵⁰ Older persons across the country reported that changing weather patterns have caused rain, floods, landslides, droughts and heatwaves. Older persons may be less willing or able to evacuate, may face challenges meeting their basic needs during disasters and may be more physically sensitive to the impacts of climate change. These risks may be amplified by ageism in disaster responses, if scarce resources are allocated to younger populations, evacuation plans do not account for older persons with mobility issues or disabilities, and emergency services and information are not made accessible to older persons.

74. The National Civil Defence Institute provides emergency response and assistance to the population in case of climate-related disasters. Although older persons are a priority group for the Institute with regard to disaster preparedness, response and recovery, many older persons report that in practice, their needs are not systematically taken into account, nor are they allocated sufficient resources by the competent Ministries, generally the Ministry for Women and Vulnerable Groups and the Ministry of Development and Social Inclusion. Many struggle to access essential services, including health care, food, accessible shelter and water and sanitation. Disasters may also increase the risk of violence, abuse and neglect for older persons given the chaos and heightened stress of these situations, yet the Independent Expert was not made aware of any efforts to ensure that older adults receive adequate protection during disasters.

75. Climate change also negatively affects older persons' rights to livelihoods and an adequate standard of living. Older persons with land-dependent livelihoods report being increasingly unable to grow their crops and fruit or catch sufficient fish and game to meet their needs. This has a disproportionate impact on peasant and Indigenous communities. Many older persons also live on marginal land and in inadequate housing, both of which are prone to damage and destruction during extreme climatic phenomena.

76. Extractive industries are an important part of the Peruvian economy, accounting for 11.3 per cent of gross domestic product and around 68 per cent of total exports.⁵¹ However, these industries have significant environmental impacts, which may have a negative effect on older persons' rights. Deforestation resulting from legal and illegal logging may lead to higher temperatures, which can affect the health of older persons, and to erosion and other environmental impacts that can have a negative effect on health and livelihoods and increase vulnerability to disasters. Legal and illegal mining can increase the presence of heavy metals in the soil and water, which has a negative effect on the health of affected communities, especially the older population.⁵² In a landmark decision in the case of *Community of La Oroya v. Peru*, the Inter-American Commission on Human Rights ruled that Peru had violated the rights of communities near a metallurgical complex to a healthy environment, health and life by exposing them to heavy metals while failing to adequately mitigate the associated risks or ensure access to health care, with particularly severe effects on older persons.⁵³

⁵⁰ A/HRC/54/32/Add.2, para. 12.

⁵¹ See <https://eiti.org/countries/peru#:~:text=Peru%20is%20the%20second%20largest,country's%20total%20exports%20in%202022> (in Spanish).

⁵² A/HRC/54/32/Add.2, para. 7.

⁵³ See https://www.corteidh.or.cr/docs/comunicados/cp_17_2024.pdf (in Spanish).

77. Extractive industries may also expose older persons to organized violence. Older land rights activists who have complained about and campaigned against those industries have reportedly been threatened by industry representatives.⁵⁴ There have even been instances of environmental rights defenders being killed by those involved in illegal extractive activities and organized crime.⁵⁵

H. Transitional justice and political violence

78. One of the priority groups identified in the National Human Rights Plan is persons who were victims of political violence between 1980 and 2000.⁵⁶ That conflict resulted in nearly 70,000 verified deaths and at least 22,000 outstanding cases of enforced disappearance.⁵⁷

79. The decades-long struggle for transitional justice means that most survivors are now older persons. During her visit, the Independent Expert heard harrowing testimonies from older persons who had been brutally assaulted or lost spouses, children and loved ones to the horrific violence visited on primarily rural, poor and Indigenous communities. While some had managed to ascertain the fate of their loved ones or obtain reparations, many were still waiting for answers or remedy decades later and others have died without ever obtaining justice. There are 240,473 persons registered in the Single Registry of Victims, of which 152,601 are direct victims and 87,872 are surviving family members of deceased victims. Some 42 per cent of surviving direct victims are older persons.⁵⁸

80. Since the Truth and Reconciliation Commission submitted its final report in 2003, the Government has established several transitional justice bodies, including the Multisectoral High-Level Commission, the Reparations Committee, and the General Directorate for the Search for Disappeared Persons. It has provided reparations to thousands of individuals for health (57,101 people), education (4,066 people), housing (2,569 people) and economic reparations (31,382 people).⁵⁹ Older persons are a priority group under some of these initiatives.⁶⁰

81. However, the process of obtaining judicial reparations remains cumbersome for many survivors. Some reported having to effectively conduct their own forensic investigations. Victims face significant challenges in meeting the required burden of proof. Court cases proceed slowly, which poses a particular challenge for older persons who may have limited time to obtain meaningful justice. Some perpetrators have fled Peru, changed their identities or had presumptive death certificates issued in their names, making it impossible to hold them accountable. The Independent Expert welcomes the recent judgment in the so-called *Manta y Vilca* case, in which several former members of the military forces were found responsible for crimes against humanity for the systematic use of rape as a weapon. However, even in this ultimately successful case, some victims died before its resolution due to the case's length.

82. The Independent Expert is also concerned by the situation of women who were subjected to mass forced sterilizations by the Government between 1995 and 2001, many of whom are now older persons.⁶¹ These campaigns targeted some 300,000 women, primarily

⁵⁴ A/HRC/54/32/Add.2, paras. 15 and 82.

⁵⁵ See <https://www.ohchr.org/sites/default/files/2022-05/defensoria-del-pueblo-peru.pdf> (in Spanish), pp. 1 and 2.

⁵⁶ See <https://cdn.www.gob.pe/uploads/document/file/1539318/PLAN-NACIONAL-2018-2021.pdf.pdf?v=1610381322> (in Spanish), p. 146.

⁵⁷ See <https://www.cverdad.org.pe/ifinal/pdf/Tomo%20-%20ANEXOS/ANEXO%202.pdf> (in Spanish), pp. 13, 14 and 17.

⁵⁸ Information provided by the Government during its initial review of the present report.

⁵⁹ Information provided by the Government during its initial review of the present report.

⁶⁰ See <https://www.gob.pe/institucion/pronabec/noticias/949259-adultos-mayores-victimas-del-periodo-de-violencia-1980-2000-recibiran-mas-puntaje-en-la-beca-tecnico-productiva-repared-del-pronabec> (in Spanish).

⁶¹ See <https://www.ohchr.org/en/stories/2019/06/forced-sterilisations-peru-one-womans-fight-justice-and-redress>.

from rural, Indigenous and Quechua-speaking communities.⁶² Some died due to the substandard conditions in which the operations were performed, while others developed related health conditions for which they receive limited support.

83. Some progress has been made through the establishment of a registry of forced sterilizations in 2015 and rulings by the judiciary confirming that victims have a constitutional right to reparations. Some 37 cases involving 189 identified victims are currently under way.⁶³ Nevertheless, no reparations have been paid to these victims to date, although the Independent Expert is encouraged to learn that the Ministry of Justice and Human Rights is working on a plan to do so.

84. In view of the many unresolved issues affecting older persons who survived grave human rights violations prior to 2002, the Independent Expert was concerned to learn that draft legislation (Bill No. 6951/2023-CR) has been passed by the Congress in two rounds of voting and may become law if endorsed by the Government later in 2024. The Bill would impose a retroactive statute of limitations on the investigation of crimes against humanity and war crimes committed before the entry into force of the Rome Statute of the International Criminal Court on 1 July 2002.⁶⁴ This would establish effective impunity for the perpetrators of human rights violations committed between 1980 and 2001. Given the severity of the crimes in question, including enforced disappearances, arbitrary detention, extrajudicial and summary executions, torture and forced sterilizations, no statute of limitations can be imposed under international law. Indeed, such a law would be in direct conflict with the international human rights obligations of Peru.

85. The Independent Expert also remains concerned about the situation of older persons who were affected by excessive use of force and deprivation of liberty as a deterrent to peaceful assembly during the political protests that began in December 2022. Although the Government purports to have implemented special protection for vulnerable persons, including older persons, some older persons experienced violence at the hands of law enforcement officers during these incidents.⁶⁵ The Ministry for Women and Vulnerable Groups intervened in 117 cases involving women, children, adolescents and older persons in the context of the protests.⁶⁶ A multisectoral commission was in place between January and August 2023 to assess the situation and provide reparations, in addition to health and well-being support provided by other competent agencies, and the adoption of revised guidelines on the use of force by the Ministry of the Interior. However, it remains unclear exactly how many older persons were affected and whether all older victims have received the necessary support.

V. Conclusions

86. **The Independent Expert commends Peru for having built a robust legal and institutional framework to protect older persons and for its continued efforts to strengthen these protections. However, she urges Peru to commit more resources to implement this framework, strengthen coordination and oversight of the different bodies involved, and reduce regional and urban-rural inequalities. Special measures are crucial to ensure that older persons who face intersecting forms of discrimination, including Indigenous people, persons with disabilities, women, migrants and refugees, and LGBTQ+ persons, are not left behind.**

87. **The Independent Expert welcomes the human rights-based approach Peru has taken to supporting older persons by recognizing them as rights holders with agency. Nonetheless, it is crucial to continue dismantling ageist stereotypes and practices that limit older persons' autonomy. This includes expanding care and support measures that**

⁶² See <https://journals.sagepub.com/doi/epub/10.1177/26330024231210306>.

⁶³ Information provided by the Government during its initial review of the present report.

⁶⁴ See <https://www.ohchr.org/en/press-releases/2024/06/peru-draft-bill-establishing-statute-limitations-atrocity-crimes-contravenes>.

⁶⁵ See <https://www.ohchr.org/sites/default/files/documents/countries/peru/Peru-Report-2023-10-18-EN.pdf>, footnote 133.

⁶⁶ *Ibid.*, para. 186.

enable older persons to live independently within their communities rather than relying exclusively on institutions or family support and ensuring that their legal capacity is respected wherever relevant. It is also essential to address poverty in older age meaningfully by tackling age discrimination in the labour market, ensuring the sustainability and adequacy of the pension system, and expanding access to social protection.

88. The Independent Expert considers it an urgent priority to address violence against and abuse of older persons more effectively, including through more systematic efforts to investigate the scale of the problem, prevent incidents of violence and ensure access to protection and justice. These initiatives should encompass individualized violence in family and institutional settings, as well as violence against older persons in crisis and emergency situations, including disasters, climate change and political violence.

VI. Recommendations

89. The Independent Expert makes the recommendations below to the Government, as the primary duty bearer, and other stakeholders in line with their respective mandates, including civil society and the Ombudsperson.

A. Legal, policy, and institutional frameworks

90. The Independent Expert recommends that the Government:

(a) Strengthen coordination frameworks between national, regional and local authorities for the implementation of the National Multisectoral Policy on Older Persons up to 2030 and commitments under the Law on Older Persons to establish a mechanism to monitor progress;

(b) Provide all jurisdictions with adequate resources to implement policies relating to the rights of older persons to reduce regional disparities;

(c) Include older persons as a priority group under the forthcoming national multisectoral policy on human rights, and develop and implement the policy in collaboration with older persons and their advocates;

(d) Systematically collect data disaggregated by age and other relevant socioeconomic characteristics including gender, disability status, Indigenous identity, sexual orientation and gender identity, and migration status and leverage the data for more effective policymaking on older persons in all their diversity;

(e) Align all national policies and practices with commitments under the Inter-American Convention on Protecting the Human Rights of Older Persons;

(f) Ratify the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights and the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty;

(g) Ratify ILO instruments of relevance to older persons, including the Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128) and the Nursing Personnel Convention, 1977 (No. 149).

B. Ageism and age discrimination

91. The Independent Expert recommends that the Government and other stakeholders:

(a) Expand capacity-building and oversight of public service providers to ensure that older persons are prioritized in line with relevant legislation and are not subjected to undue waiting times or discriminatory treatment and that all public services are accessible to older persons;

(b) Conduct public awareness-raising campaigns and promote intergenerational dialogue to combat ageist stereotypes, with an intersectional lens;

(c) Clarify and streamline the channels through which older persons and others can report and receive remedy in instances of ageism and age discrimination.

C. Violence, abuse and neglect

92. The Independent Expert recommends that the Government and other stakeholders:

(a) Conduct a systematic study of violence against and abuse of older persons, with an intersectional lens, considering specific groups of older persons that face greater risks, including older persons with disabilities, women, migrants and refugees, and LGBTQ+ persons;

(b) Enhance prevention efforts through awareness-raising campaigns for older persons and their families and by building the capacity of service providers to recognize signs of abuse, with an intersectional lens;

(c) Clarify and streamline the channels through which older persons can report violence and abuse and ensure effective coordination between relevant stakeholders;

(d) Increase the number of shelters available to older persons experiencing homelessness, particularly outside of major metropolitan areas, and ensure that shelters are accessible to older persons in their full diversity.

D. Right to social security

93. The Independent Expert recommends that the Government:

(a) Address the gender pay gap and barriers to formal employment for older women and other older persons who are underrepresented in the formal economy through positive discrimination measures or other channels;

(b) Assess the feasibility of social security models that could benefit persons employed in the informal sector;

(c) Consider introducing a more flexible documentation standard for older persons, particularly those whose working life preceded digitalization, to demonstrate their contributions to the social security system over time;

(d) Establish grievance and remedy mechanisms for instances in which older persons receive lower pensions than anticipated as a result of retroactive policies or mismanagement of pension funds;

(e) Strengthen oversight of pension funds to avoid policies that jeopardize the long-term sustainability of the pension system;

(f) Ensure that older persons have greater transparency and access to updated information in relation to the calculation of their pension benefits.

E. Right to social protection

94. The Independent Expert recommends that the Government:

(a) Allocate more resources to Pension 65 and streamline procedures for affiliation to ensure that more eligible older persons can benefit;

(b) Consult with older persons to determine the minimum amount necessary to meet their basic needs, and index payments to local cost-of-living and inflation;

(c) Expand the modalities for the delivery of Pension 65 payments and ensure that they are individually adapted to the specific situation of each recipient so that all beneficiaries are able to access the system without discrimination;

(d) Promote a productive social safety net model by linking payments to employment and entrepreneurship support, and ensure that the working poor and older persons in extreme poverty are not excluded from access to Pension 65.

F. Right to work

95. The Independent Expert recommends that the Government and other stakeholders:

(a) Systematically identify and address ageism and age discrimination in the labour market and in the workplace, including against older women, Indigenous people, persons with disabilities and LGBTQ+ persons, and ensure that affected workers receive a remedy;

(b) Invest in employment and entrepreneurship programmes, including training and technical assistance, dedicated exclusively to older persons, including recipients of Pension 65, to expand their participation in the labour market;

(c) Reconsider policies that enable public and private employers to fire older persons once they reach the mandatory retirement age in favour of policies that assess individual mental and physical fitness to continue working.

G. Adequate standard of living

96. The Independent Expert recommends that the Government and other stakeholders:

(a) Ensure that older persons are a priority group for housing development and public housing programmes and explore new ideas for shared living;

(b) Invest in improving basic services in isolated and rural communities, including Indigenous communities;

(c) Reduce discrimination against LGBTQ+ older persons in the housing market.

H. Care and support

97. The Independent Expert recommends that the Government and other stakeholders:

(a) Provide adequate support to families to enable them to care for older relatives where such arrangements are mutually agreeable and freely consented to by both parties;

(b) Ensure that all public and private care centres are subject to accreditation, regulation and monitoring;

(c) Introduce and enforce minimum training standards for care workers;

(d) Expand the care and support framework to ensure that older persons are able to receive assistance to live independently and to be included in their communities, including by investing in community- and home-based services;

(e) Ensure that the legal capacity and autonomy of older persons are respected with regard to medical decisions and that they enjoy full freedom of movement in all care settings;

(f) Provide dedicated support arrangements for older persons who face intersecting forms of discrimination, in particular LGBTQ+ older persons;

- (g) Ensure that existing care homes are fully accessible to all older persons who choose to live there, including those with dementia and disabilities.

I. Health

98. The Independent Expert recommends that the Government and other stakeholders:

(a) Ensure that all insurance systems, including the Comprehensive Health Insurance system, meet the basic needs of older persons by covering essential medications and assistive devices including fitting, laboratory and diagnostic tests, transportation and lodging costs for referrals and residential treatment, and invest in strengthening coverage to reduce out-of-pocket costs;

(b) Increase access to health care in rural areas by taking an intercultural approach, particularly for Indigenous and peasant communities, including through expanding mobile service delivery and incentives to retain qualified health personnel in rural areas;

(c) Strengthen oversight and training of health-care providers and facilities to ensure that older persons systematically receive priority for appointments, do not encounter ageism in health-care settings, and that older migrants, refugees, persons with disabilities and LGBTQ+ persons receive appropriate and affirming medical care without discrimination;

(d) Ensure that older persons' legal capacity and informed consent are respected with regard to medical decisions, including advance directives;

(e) Invest in expanding access to education for geriatric medicine and related specialties and provide incentives to students to pursue these specializations;

(f) Increase the number of geriatric care departments and hospitals throughout the country;

(g) Finalize a national action plan to address dementia.

J. Deprivation of liberty

99. The Independent Expert recommends that the Government:

(a) Provide detention conditions for older persons that do not impose undue physical strain, including by ensuring that they can sleep on a single level, are not in overcrowded conditions, have access to shelter from extreme temperatures and sufficient access to water and sanitation facilities and appropriate diets;

(b) Consider expanding the use of compassionate release for older persons on the basis of advanced age or due to health conditions, where appropriate based on the severity of the offence and the individual's subsequent rehabilitation;

(c) Investigate and ensure remedy for incidents of violence and abuse perpetrated against older persons in detention;

(d) Ensure that older persons working in prison are equitably remunerated, allowed to choose their employment freely, and provided with a safe means of depositing and accessing their earnings;

(e) Create alternatives to custodial detention for older persons with dementia or other disabilities that render them criminally incompetent;

(f) Ensure that older persons in detention receive adequate health care, including mental health care;

(g) Assign inmates to single-gender prisons on the basis of their current gender identity rather than their sex at birth, and ensure that trans and gender diverse older prisoners have access to gender-affirming care.

K. Climate change and the right to a healthy environment

100. The Independent Expert recommends that the Government and other stakeholders:

- (a) Strengthen implementation and oversight of existing policies that prioritize older persons during emergency responses and ensure their equitable access to evacuation, information and services;
- (b) Meaningfully engage older persons in their full diversity in disaster preparedness, prevention, response and recovery efforts;
- (c) Support older persons whose livelihoods are negatively affected by climate change to strengthen their economic security, including through business support and retraining;
- (d) Provide older persons with support to cope with the effects of climatic phenomena and environmental pollution on their health and standard of living;
- (e) Combat illegal extraction and ensure the effective regulation of legal extractive industries;
- (f) Ensure implementation of the “polluter pays” principle so that older persons receive justice and remedy for harms suffered as result of extractive industries;
- (g) Effectively protect older environmental human rights defenders.

L. Transitional justice and political violence

101. The Independent Expert recommends that the Government:

- (a) Expedite efforts to ensure the investigation of the crimes committed during the internal conflict between 1980 and 2000, the campaigns of mass forced sterilization between 1995 and 2001 and the prosecution and sentencing of perpetrators to ensure that older victims receive justice within their lifetimes;
- (b) Ensure appropriate investigations and remedy for violations of older persons’ rights to freedom of peaceful assembly and expression during political protests since 2022;
- (c) Refrain from adopting any legislation, including Bill No. 6951/2023-CR, that would impede justice for violations of older persons’ rights and contravene the international human rights obligations of Peru.

M. International community

102. The United Nations country team should support the Government in the above-mentioned efforts and develop and implement dedicated programmes for older persons.
